

**EXHIBIT A**

**Claim No. 6078**

**Irving Shaffer, as Trustee of the Shaffer Realty Nominee Trust and of the BIM Investment Trust**



**WR Grace**  
 Bankruptcy Form 10  
 Index Sheet

SR00000483

Claim Number: 00006078

Receive Date: 03/26/2003

**Multiple Claim Reference**

Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

**Attorney Information**

Firm Number: 00289

Firm Name: Burns &amp; Levinson LLP

Attorney Number: 00161

Attorney Name: Victor Ball

Zip Code: 02110-1624

Cover Letter Location Number: SR00000483

**Attachments  
Medical Monitoring**

☐ TBD

☐ TBD

☐ TBD

☐ TBD

☐ TBD

**Attachments  
Property Damage**

☐ TBD

☐ TBD

☐ TBD

☐ TBD

☐ TBD

☐ Other Attachments

**Non-Asbestos**☒ Other Attachments**Other**

☐ Non-Standard Form

☐ Amended

☐ Post-Deadline Postmark Date

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Delaware		<b>GRACE NON-ASBESTOS PROOF OF CLAIM FORM</b>
Name of Debtor: <sup>1</sup> <b>W. R. Grace &amp; Co.-Conn.</b>		Case Number <b>01-1179 JKF</b>
NOTE: Do not use this form to assert an Asbestos Personal Injury Claim, a Settled Asbestos Claim or a Zonolite Attic Insulation Claim. Those claims will be subject to a separate claims submission process. This form should also not be used to file a claim for an Asbestos Property Damage Claim or Medical Monitoring Claim. A specialized proof of claim form for each of these claims should be filed.		
Name of Creditor (The person or other entity to whom the Debtor owes money or property): <b>Irving Shaffer, As Trustee of the Shaffer Realty Nominee Trust &amp; of the BJM Investment Trust</b>		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: <b>Victor Bass, Esq. Burns &amp; Levinson LLP, 125 Summer St., Boston, MA 02110</b>		
Account or other number by which creditor identifies Debtor:  <b>None</b>		
Corporate Name, Common Name, and/or d/b/a name of specific Debtor against whom the claim is asserted: <b>See Above</b>		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Environmental liability <input type="checkbox"/> Money loaned <input type="checkbox"/> Non-asbestos personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Liability for Superfund Site Reporting and Inspections		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below)  Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date)
2. Date debt was incurred: <b>12/31/91 See Attached.</b>		3. If court judgment, date obtained: <b>N/A</b>
4. Total Amount of Claim at Time Case Filed: <small>If all or part of your claim is secured or entitled to priority, also complete item 5 below.</small> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		<b>\$ 75,000.00</b>
5. Classification of Claim. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.		
<input type="checkbox"/> SECURED CLAIM (check this box if your claim is secured by collateral, including a right of setoff.)  Brief Description of Collateral:  <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (Describe briefly) _____  Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____  Attach evidence of perfection of security interest  <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM  A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim.  <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).  <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. See Attached. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space is for Court Use Only  <b>WR Grace - BF.26.102.5065</b> <b>00006078</b> <b>SR=483</b>
Date: <b>3/25/03</b> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>Victor Bass, Esq.</b> <i>Victor Bass</i>		

REC'D MAR 26 2003

<sup>1</sup> See General Instructions and Claims Bar Date Notice and its exhibits for names of all Debtors and Aother names@ used by the Debtors.

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE**

**W. R. GRACE & CO.  
CASE NO. 01-1139 JKF**

**W. R. GRACE & CO.-CONN.  
CASE NO. 01-1179 JKF**

**Attachment to Proof of Claim of Irving Shaffer, as Trustee of  
Shaffer Realty Nominee Trust and of BIM Investment Trust**

Liability for annual monitoring and reporting pursuant to Agreement between claimant and W. R. Grace and Co – Conn, and W. R. Grace and Co., and other affiliates (together “Debtor”) dated November 19, 1993 (“Agreement”) and Second Administrative Order for Removal Action (“Order”) January 31, 1991 in U.S. EPA Region I CERCLA Docket No. I-92-1033 regarding South Street Superfund Site (Walpole MA). (Identical claims are filed in both cases pursuant to the Claims Bar Date Notice because the claim appears to be against both W. R. Grace & Co., and W. R. Grace & Co-Conn.

The Agreement and Order are voluminous but are summarized as follows: The Order required Claimant and Debtor to implement a clean-up of a site in Walpole MA (which clean-up was completed by Debtor) and thereafter to monitor and file reports as to the site (which Debtor commenced but advised claimant on December 13, 2001 it would not continue since its bankruptcy filing, and which claimant has since commenced doing.)

The estimated costs for claimant to perform Debtor’s obligations as to the monitoring and reporting are as follows:

Cost per year	\$ 2,500 (estimated)
Balance of term:	<u>30 years (estimated)</u>
Total liability	\$75,000 (estimated)